

FOR BOARD USE ONLY

Date Received: _____

Mentor Verified: _____

FOR BOARD USE ONLY

Date Reviewed: _____

Approved: _____

Disapproved: _____



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-942-8285 ♦ Fax: 205-942-8285 *51 ♦ E-Mail intdesbd@bellsouth.net

NOTIFICATION OF INTENT TO PARTICIPATE IN THE INTERIOR DESIGN EXPERIENCE PROGRAM

INSTRUCTIONS:

This form shall be completed by the applicant and signed by the mentor. The mentor acts as an advisor, meeting with the participant periodically to review experience and discuss career objectives. A mentor is the professional holding a valid Certificate of Registration. The applicant and the mentor are subject to Board approval. Please type or letter neatly in black ink. Only original forms will be accepted.

APPLICANT INFORMATION:

NAME: _____ **MAIDEN NAME if applicable:** _____

SOCIAL SECURITY NUMBER: _____

NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.

EMAIL ADDRESS: _____

RESIDENCE ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Residence (____) _____ Business (____) _____ Fax (____) _____

College/University where degree was earned: _____

Program was FIDER accredited or held Board approved status at graduation? () YES () NO

Degree earned (e.g., BFA, BS, AS): _____ Graduation Date: _____

MENTOR INFORMATION:

NAME: _____ **TITLE:** _____

MAIL ADDRESS: _____

FIRM NAME: _____

FIRM ADDRESS: _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Residence (____) _____ Business (____) _____ Fax (____) _____

NCIDQ Certification Number _____ NCARB Registration Number _____

Registration/Certification Number _____

Licensed/Registered/Certified Designer/Architect in (State/District) _____

I hereby apply for participation in the State of Alabama interior design experience program. I acknowledge and affirm that the accuracy of information given in the application is correct and true and authorize the Board to investigate any and all statements made herein.

Date: _____ **Applicant Signature:** _____

Date: _____ **Mentor Signature:** _____

MAIL TO:
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